

ONLINE APPLICATION



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
COLLECTION SERVICE BOARD
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243
615-741-1741

APPLICATION FOR COLLECTION SERVICE BRANCH LICENSE

THIS APPLICATION TO BE USED ONLY BY LICENSED AGENCY WHO DESIRES TO MAINTAIN A BRANCH OFFICE IN ADDITION TO THE PRINCIPAL PLACE OF BUSINESS. SEPARATE APPLICATIONS MUST BE FILED FOR EACH BRANCH OFFICE.

=====

| | | |
|------------------|----------|----------|
| FEE: LICENSE FEE | \$100.00 | \$ _____ |
| SOLICITORS CARD | \$ 25.00 | \$ _____ |
| PENALTY | \$100.00 | \$ _____ |
| TOTAL | | \$ _____ |

=====

COLLECTION BRANCH OFFICE

NAME

ADDRESS _____
STREET & NUMBER CITY STATE ZIP CODE

LOCATION
MANAGER _____
NAME LICENSE NUMBER

PHONE NUMBER AND AREA
CODE _____

NAME OF PRINCIPAL
AGENCY _____

ADDRESS _____
STREET & NUMBER CITY STATE ZIP CODE

AFFIDAVIT:

In compliance with the Tennessee Code Annotated, Title 62, Chapter 20, this application is submitted for a license to operate as a collection service in the State of Tennessee.

I certify that I have read this Act and are thoroughly familiar with the contents. Under penalties of perjury, I declare that all statements made herein are for the purposes of inducing the issuance of a license and that all questions have been answered and all accompanying documents have been stated to the best of my knowledge and belief and are true, correct and complete in every respect.

TYPE OR PRINT YOUR NAME

IN-1227

SIGNATURE